

Practitioner's Docket No. 9325-0007.10

IN THE UNITED STATES DESIGNATED OFFICE (DO/US) *118*

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PCT/IL98/00586

01 December 1998

04 December 1997

International Application No.

International Filing Date

Priority Date Claimed

COMBINED CHEMO-IMMUNOTHERAPY WITH LIPOSOMAL DRUGS AND CYTOKINES

TECH CENTER 1600/2000

Title

Alberto A. Gabizon, Eliezer Kedar and Yechezkel Barenholz

Applicant for DO/US

Box PCT

Assistant Commissioner for Patents

Washington, D.C. 20231

Attention: DO/US

**REQUEST FOR REFUND FOR INTERNATIONAL APPLICATION
ENTERING NATIONAL STAGE IN U.S. DESIGNATED OFFICE (DO/US)
UNDER 35 U.S.C. § 371**

I. SUBMISSION OF SMALL ENTITY STATEMENT(a) ☐ Attached is a small entity statement claiming small entity status in this application.(b) ☒ A small entity statement claiming small entity status was filed in this application on: July 31, 2000.**II. REFUND REQUEST**

This request for refund is made within two months of the date a fee was paid in this application on August 3, 2000 in the amount of \$1,150.00.

III. FEES PAID FOR WHICH REFUND REQUESTED

	Amount of Refund Requested
<input checked="" type="checkbox"/> Filing fee under 37 C.F.R. § 1.492	\$420.00
<input checked="" type="checkbox"/> Fees for claims under 37 C.F.R. § 1.492(b), (c) or (d)	90.00
<input checked="" type="checkbox"/> Surcharge for filing the oath or declaration on a date later than 20 mos. from the earliest priority date (37 C.F.R. § 1.492(e))	<u>65.00</u>
TOTAL REFUND REQUESTED	<u>\$575.00</u>

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this paper and the documents referred to as being transmitted therewith are being deposited with the United States Postal Service on this date September 21, 2000 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EL 530 370 958 US addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

Deborah Brockmeyer
(type or print name of person mailing paper)
Deborah Brockmeyer
signature of person mailing paper

IV MANNER OF REFUND

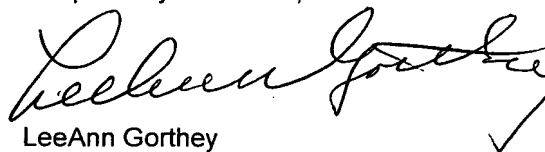
Please make refund by

- ☒ crediting Account No. **04-0531**
☐ refunding overpayment.

Date: _____

9-21-00

Respectfully submitted,



LeeAnn Gorthey
Registration No. 37,337

Correspondence Address:

Customer No. 22918
Phone: 650 324-0880